

PRAETORIAN INSURANCE COMPANY**WC 99 09 02****INFORMATION PAGE**

Insurer: PRAETORIAN INSURANCE COMPANY
 WALL STREET PLAZA
 88 PINE ST
 NEW YORK NY 10005

Policy No.: CWC3967781
 Renewal of Number: CWC3967781

NCCI Carrier Code: 21172

1. The Insured: MENARD INC

For Additional Named Insureds, see Extension of Information Page,
 Schedule of Named Insured, if applicable.

Mailing Address:

5101 MENARD DRIVE
 EAU CLAIRE, WI 54703

Entity: OTHER OR MULTIPLE TYPES

Interstate Risk ID No.: 919999999

Other workplaces not shown above: For Additional Locations, See Extension of Information Page,
 Schedule of Locations, if applicable.

2. The policy period is from 11/01/13 at 12:01 A.M. to 11/01/14 at 12:01 A.M. standard time at the insured's mailing address.

3. A. **Workers Compensation Insurance**: Part One of the policy applies to the Workers Compensation Law of
 the states listed here:

IL IN IA KS KY MI MN MO NE SD

B. **Employers Liability Insurance**: Part Two of the policy applies to work in each state listed in Item 3A.
 The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee

C. **Other States Insurance**: Part Three of the policy applies to the states, if any, listed here:

All states and U.S. territories except North Dakota, Ohio, Washington, Wyoming, Puerto Rico,
 the U.S. Virgin Islands, and states designated in item 3.A. of the Information Page.

D. This policy includes these endorsements and schedules:
 See Extension of Information Page, Schedule of Forms

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans.
 All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
-----------------	-------------	---	--------------------------------------	--------------------------------

See Extension of Information Page, Classifications and Premium Breakdown

Total Estimated Cost \$: 1,568,361.76

Responsible Agent of Record: (312) 381-1000
 AON05
 AON RISK SERVICES, INC
 200 E RANDOLPH ST
 12TH FLOOR
 CHICAGO, IL 60601

Servicing Agency (312) 381-1000
 AON05
 AON RISK SERVICES, INC
 200 E RANDOLPH ST
 12TH FLOOR
 CHICAGO, IL 60601

Countersigned By

Date 11/20/13

EXHIBIT E

SOUTH DAKOTA MANAGED CARE ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because South Dakota is shown in Item 3.A. of the Information Page.

This endorsement provides for the payment of benefits under the workers compensation law of South Dakota to provide medical services and health care to injured workers for compensable injuries and diseases by means of a managed care program which meets the requirements established by the Department of Labor.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 40 06 03
(Ed. 1-94)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other